

Child Care and Development Fund Plan

Attachment 2.2

Public Input

Section 2.2 of the draft Child Care and Development Fund (CCDF) Plan requires that public input opportunities be provided so that the public have an “opportunity to comment on the provision of child care services under the plan.” The Department of Early Learning (DEL), as part of its planning for the CCDF plan, devised three distinct opportunities for public input. These included:

- Internet Survey
- Public Hearings
- E-mail Comments

This document summarizes the three public input processes and the general themes found in the public comments.

Online Survey

Overview

Close to 600 people provided input about the state’s biennial CCDF plan through an Internet survey posted on the DEL Web site during March and April 2009. DEL made the survey available in English and Spanish and designed it to take about 15 minutes to complete. We sent out notice on our agency listserv and in our monthly stakeholder newsletter. We asked community partners, including schools, non-governmental organizations, advocates, tribes, and service providers to encourage parents, providers, and others to complete the survey.

When asked about what’s working well in our state around early learning and child care supports, many respondents expressed appreciation for existing resources including the Department of Early Learning (including licensing), child care subsidies, public health/health consultation, child care resource and referral services (CCR&R), Schools-Out Consortium (and WRAP), the Washington Association for the Education of Young Children, STARS, Building Bridges (and other college programs), Washington Scholarships, the Career and Wage Ladder, the Early Childhood Education and Assistance Program (ECEAP), and Head Start and Early Head Start. With the exception of Head Start and Early Head Start which are federally-funded, these programs all receive funding through CCDF, or help the state meet its CCDF match and maintenance of effort requirements (ECEAP).

Consistent themes included the importance of:

- Supporting parents and other caregivers through information, training, and help paying for child care services;
- Improving the child care subsidy system through increased provider reimbursement rates, extended family eligibility, and affordable copayments;
- Increasing the availability of affordable, high quality provider training and education that allows workers to progress from less formal training options such as STARS training to degree

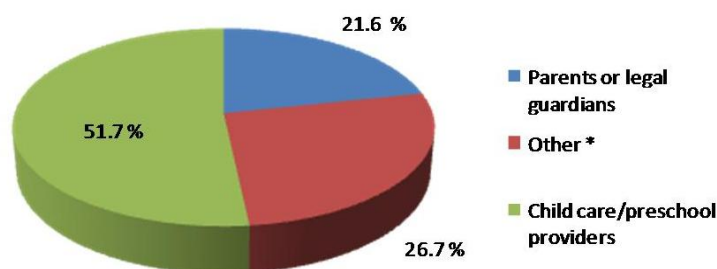
and certificate-oriented programs—while respondents generally expressed appreciation for the STARS ongoing training requirements and scholarships, there were concerns about problems with the training registry, inconsistent quality across trainers, and limited advanced training;

- Providing additional training and professional development opportunities focused on addressing challenging behaviors and the social and emotional development of children;
- Linking increased teacher training, education, and program quality to improved worker wages; and
- Paying particular attention to meeting the needs of infants and toddlers, school-age children, and children with special needs—approximately 25 percent of those responding to the question “What’s working well to support quality of care for infants and toddlers?” were unable to identify one thing that’s working well.

In summary, what respondents had to say about what’s working and where improvements are needed bolster the directions outlined in the draft 2010-2011 CCDF Plan including the programs proposed for ongoing support. The responses also reinforce DEL’s ongoing work with partners to develop an outcomes-based early learning system that provides high quality early learning opportunities for young children and their families. This includes efforts to improve the child care subsidy system, create a coordinated professional development system, help parents and providers address the social and emotional development of young children, provide incentives for improved worker wages and child care quality, and increase the availability of high quality child care alternatives for families with very young children and children with special needs.

Summary of Responses

580 Respondents



* Identified themselves as future parents, grandparents, advocates, educators, afterschool providers, community organizations/partners, citizens, taxpayers, librarians, members of Tribal Nations, or researchers.

Parents Responding

Of the parents responding to a question about type of services used, 67.2% had a child in child care or preschool. More than half of these parents said they were currently using a licensed child care center. Other types of care included before and after school care (23.1%), care that is legally exempt from licensing (21.8%), preschool (20.5%), and licensed family child care (16.7%). One parent indicated use of a cooperative preschool. Most of the parents indicated “private pay” as how they pay for child care and/or preschool (61.5%).

Which type of child care and/or preschool services do you use now? (Check all that apply)		
Answer Options	Response Frequency	Response Count
Licensed child care center	51.3%	40
Licensed family home child care	16.7%	13
Family, friend or neighbor care (care that is legally exempt from being licensed)	21.8%	17
Before and after school care	23.1%	18
Preschool	20.5%	16
Other (please specify)	1.3%	1
<i>answered question</i>		78

Subsidized Parents

Nineteen parents said they received a subsidy through the Working Connections, Seasonal, or Foster Care Child Care Programs. An additional eight parents said they had received subsidies within the past three years. Reasons reported for no longer receiving subsidies included income, inadequate supervision in licensed “daycares,” no longer attending college, too difficult to reauthorize, and “the system is broken.”

Parents heard about the availability of subsidies through a variety of sources including DSHS worker (36%), child care provider (20%), resource and referral agency (24%), family member or friend (20%), and other (12%). Thirteen parents (52%) said they had a break in subsidies and then later restarted them. Eleven parents (44%) applied at their local DSHS office, six (24%) over the phone, and two (8%) online. Twenty parents (80%) said it was very or somewhat easy to apply for the subsidy while four (16%) said it was very hard to apply. In response to a question about what would make applying for subsidies easier, respondents suggested less time to be approved, more staff to help clients (reduce waiting, provide greater clarity), more informed workers, less paperwork, and longer authorization periods. One parent wrote that after meeting with her TANF worker, she was required to call the child care worker even though the worker was in the same office as the TANF worker.

To make it easier to maintain eligibility for subsidies, parents suggested the following: adjustments in eligibility limits so that a small raise doesn’t result in loss of subsidies, faster processing times, more flexibility in modifying schedules, a simple form or line for getting information from employers, extending the timeframe for recertification (too dependent on worker discretion), and ability to get an in-person interview.

Of the parents who were receiving or had received child care subsidies, 52% responded “yes” to the question, “Have you ever had problems finding a child care provider who would accept subsidies?”

Child Care and Preschool Service Providers

285 respondents were current child care or preschool service providers. 152 providers said they worked in center-based care, 63 in family home child care, 50 in a before or after school care in a public school, 47 in Head Start or ECEAP, and 27 in a private preschool. 25 respondents indicated “other” which included non-school-based before and after school programs (5), school district-supported preschools (3), and Montessori schools (2) as well as a range of other settings (parent cooperative preschool, private kindergarten, university lab preschool, faith-based center, and play and learn group).

What type of early learning setting do you work in? (check all that apply)		
Answer Options	Response Frequency	Response Count
Center-based care	57.8%	152
Family home child care	24.0%	63
Family member or care in child's home	0.4%	1
Head Start or ECEAP	17.9%	47
Before or after school care in a public school	19.0%	50
Private preschool	10.3%	27
Other (please specify)	9.5%	25
<i>answered question</i>		263

There were 263 responses to the question, “What is your highest level of education?” 90 child care and early learning providers (34.2%) indicated that they have a four-year degree, 57 (21.7%) a two-year degree, 43 (16.3%) some college, and 20 (7.6%) a CDA. Forty-five respondents (17.1%) indicated “other.” Of these, 30 said they have a master’s degree.

86.7% of providers said they serve preschoolers (30 months to kindergarten entry) while only 52.9% served infants (1 month to 11 months). 81.4% of providers responded yes to the question “Do you provide child care or early learning services for children with special needs?”

Do you provide child care or early learning services for children with special needs?		
Answer Options	Response Frequency	Response Count
Yes	81.4%	214
No	12.5%	33
Unsure	6.1%	16
<i>answered question</i>		263

Provider Training

Almost all providers (97.3%) take part in ongoing training opportunities such as, but not limited to, State Training and Registry System (STARS) training, college courses, or local workshops. Thirty percent said they participate in more than 20 hours of clock hours of training each year. Sixty-six percent paid for some training themselves; 52.5% indicated that their employer pays for training; and 45.9% said they attend free training.

If yes, on average, how many clock hours of training do you attend each year?		
Answer Options	Response Frequency	Response Count
1 to 5 hours	2.0%	5
6 to 10 hours	17.7%	45
11 to 15 hours	32.3%	82
16 to 20 hours	17.7%	45
More than 20 hours	30.3%	77
<i>answered question</i>		254

Forty percent of providers indicated that there are not enough opportunities for ongoing training and professional development. When asked about their priorities for additional training and professional development, the top five responses were: challenging behaviors (40.3%) and social and emotional development (32.6%). Among respondents indicating “Other,” several mentioned training related to school age children, infants and toddlers, and management practices.

Where would you like to see more training and professional development opportunities? (choose up to three items)		
Answer Options	Response Frequency	Response Count
Child development	16.7%	43
Cultural and individual diversity	19.0%	49
Social and emotional development	32.6%	84
Family systems	9.7%	25
Parent and family partnerships	16.7%	43
Communication	6.6%	17
Observation and assessment	16.3%	42
Curriculum development	19.4%	50
Environmental design	7.4%	19
Child guidance	15.5%	40
Health, safety and nutrition	3.1%	8
Professionalism	18.2%	47
Administration	15.1%	39
Children with special needs	17.1%	44
Physical education	4.3%	11
Classroom management strategies	19.4%	50
Challenging behaviors	40.3%	104
Other (please specify)	8.5%	22
<i>answered question</i>		258

Convenient locations (60.5%), convenient timing (53.1%), online training (33.3%), and help paying for the costs of traveling and training (32.9%) were among the top items noted by providers as needed to increase training participation. Providers who marked “Other” most often suggested advanced training for experienced providers.

When asked what currently works in the state's training and development system, providers mentioned the availability of training opportunities including online information, training and Webinars; free training, scholarships and reimbursement; and the fact that the state requires ongoing training for providers. Specific resources noted were STARS, CCR&R, the Schools-Out Consortium (and WRAP), Building Bridges and other college programs, Washington Scholarships, and the Career and Wage Ladder. A number of respondents noted resources available through the Washington Association for the Education of Young Children (WAEYC) including conferences, STARS credit, scholarships and reimbursement, the STARS registry, and the availability of training.

When asked what needs improvement in our state's training and development opportunities, providers most often said:

- Consistent availability of classes across the state;
- More range of training opportunities especially for advanced providers;
- Training available during a variety of times including Sundays;
- Greater consistency in the quality of training and trainers;
- More resources to defray the cost of training including time away from work, tuition supplements and scholarships;
- More opportunities for degree-oriented education and training;
- Incentives for education and training including retention bonuses and career and wage ladder; and
- More training about administration and business practices.

Specific to STARS, multiple respondents indicated that the registry system is time consuming, frustrating, and not always accurate. Respondents also noted the need for better coordination among agencies that offer training, an inability to convert STARS training to clock hours, and lack of articulation among STARS training, CDA, degree-oriented programs, and teacher certification.

Infant and Toddler Care

An enhanced provider subsidy rate was selected as the best strategy for increasing infant and toddler child care quality by nearly 40% of survey respondents. The availability of increased information and training for parents and child care providers was a major theme. Respondents who marked "Other" most often suggested higher subsidy rates and wages for providers and teachers—frequently in connection with increased training, education and quality. Other suggestions included increasing the availability of consultation and coaching for providers, improving oversight of child care facilities serving infants and toddlers, improving staff to child ratios (especially for toddlers), and "all of the above."

How do you think Washington could best increase child care quality for infants and toddlers? (select one)		
Answer Options	Response Frequency	Response Count
Provide an enhanced subsidy rate for providers who care for infants and toddlers.	39.5%	207
Increase training to providers about infant and toddler development.	19.7%	103
Increase consultation/coaching for providers about	25.8%	135

children's behavioral issues and needs.		
Other (please specify)	15.1%	79
<i>answered question</i>		524

Respondents were evenly divided between training in attachment, bonding, and secure relationships (33.4%) and increasing support to providers caring for children with social and emotional development issues (36.5%) as the best strategy for promoting healthy social and emotional development of infants and toddlers in child care and early learning settings. Among those marking “Other,” training specific to brain development, attachment and relationships was highlighted as was “all of the above.”

Which idea do you think would best promote healthy social and emotional development of infants and toddlers in child care and early learning settings? (select one)		
Answer Options	Response Frequency	Response Count
Provider training in attachment/bonding/secure relationships between providers and children.	33.4%	175
Increasing support to providers caring for children with social and emotional development issues.	36.5%	191
Provider training on how best to support families who have infants and/or toddlers.	17.9%	94
Other (please specify)	12.2%	64
<i>answered question</i>		524

The question “What’s working well to support quality of care for infants and toddlers?” generated a large number of responses (66) such as “What is available?” “not sure,” “not much at this time,” “I don’t know, I couldn’t find affordable childcare for my infant,” and “Honestly...nothing stands out.” In order, the most frequent positive responses were: availability of training, public health/health consultation, CCR&R, subsidies including the increased infant-toddler reimbursement rate, Building Bridges, Early Head Start, STARS, and heightened awareness about the importance of quality for infants and toddlers.

Before and After School Care

Nearly half of respondents said that providing school-age providers with more funding for activities and supplies would be the best way to increase child care quality for before and after school care.

This was consistent with those commenting “Other” who most often noted the need for higher subsidy rates (and changes in how the state pays for before and after school care) and additional funding for salaries and benefits. Again, a number of respondents indicated “All of the above.” Some respondents suggested more training and education for school-age providers as well as programs with more structure and activities. There were differences in opinion about who should provide before and after school care with some respondents calling for programs operated directly by public schools and others indicating the need to protect existing programs from competition by the public sector.

How do you think that we could best increase child care quality in our state for before and after school care? (select one)		
Answer Options	Response Frequency	Response Count
Increase consultation/coaching to providers for healthy social/emotional development for school-age children.	15.9%	82
Increase training to providers about healthy child development and appropriate activities.	21.7%	112
Provide school-age providers with more funding for activities and supplies.	48.2%	248
Other (please specify)	14.2%	73
<i>answered question</i>		515

In response to the question about types of programs that should be offered for school-age children, respondents rated nutrition and physical exercise most highly (31.7%), followed closely by nature programs and natural environments (26.8%). Nearly half of the respondents indicating “Other” argued that well-rounded programs tailored to the needs of individual children need to include all of these activities—and more.

Any Other Input?

In large part, the comments in this section reiterated the themes heard throughout the survey and are summarized in the opening section of this summary.

Several respondents thanked DEL for the work it does and for requesting input via the survey. While a number of respondents called for more frequent inspection of facilities, a few argued for less government regulation and increased partnerships between licensors and providers. Other suggestions included providing more online information about providers and making sure supports are available around the state (not just on the west side of the state).

A few respondents encouraged DEL to take a comprehensive approach to the development and implementation of the plan and to evaluate proposed programs and initiatives to ensure that taxpayer dollars are funding high quality, outcome-based programs. Several respondents suggested support to local partnerships as expressed in this quote, “I would like to see funding available to local partnerships of school districts, child care providers, parents, health departments and others to enhance their local system through training and capacity building. What we have been able to find funding for has been very successful.”

The Input Process

Survey respondents represented 35 of the 39 Washington counties. The counties with the largest number of respondents were King (109) and Pierce (90), but other counties had a substantial number of respondents including Clark 24, Kitsap 18, Skagit 19, Snohomish 21, Spokane 23, Thurston 30, Whatcom 25, Whitman 20, and Yakima 19. More than 97% of respondents indicated that the survey was very or somewhat easy to understand and complete.

Extensive suggestions were offered about ways DEL might improve the input process. This included improved outreach to parents, providers and local communities; more opportunities for in-depth, face-

to-face discussion about the plan; and ways the survey instrument might be improved. Specific suggestions included:

- To improve outreach to providers, families and communities throughout the state, make information available through a range of sources including newspapers, libraries, ESDs, resource and referral agencies, schools, medical providers, child care centers, etc.
- Given that many low-income parents and providers lack access to the Web, the survey should be available electronically and in hard copy (and languages beyond English and Spanish).
- Provide more outreach to child care providers; send hard copies of the survey to child care facilities so that parents and teachers complete them onsite.
- Reach more parents, especially parents who receive child care subsidies—this might be achieved by mailing information to parents who receive subsidies or conducting a telephone survey with subsidy recipients.
- Provide more opportunities for face-to-face forums and focus groups that would allow for more in depth discussion of existing services and exploration of issues. These might be stand-alone meetings or included in training or regular meetings that involve providers and parents. Working closely with community partners could help in achieving good attendance.
- Changes to the survey instrument: the addition of “all of the above” for some of the questions; allowing respondents to assign ranks or points to the various options provided; defining terms; providing space for comments with each questions; and making the questions be broader in scope and oriented toward the deeper issues in the field.

Public Hearings

On April 6, 2009, DEL posted a notice of public hearing through a press release to statewide media outlets. In addition, information about the public hearings was posted to the DEL Web site and was sent out on the DEL news listserv.

Two public hearings were scheduled. The first one was held in Moses Lake at Big Bend Community College on May 4, 2009. The second one was held in Kent at the DEL office on May 5, 2009. The draft plan was made available prior to the hearings on the DEL Web site.

At the Moses Lake hearing, three individuals came to present testimony. Although only three people showed up for the hearing, the conversation was lively and very positive. The three participants stayed for 90 minutes to discuss a wide range of topics. Below is a brief synopsis of comments made at the public hearing:

- **Child Care Resource and Referral (CCR&R):** There was praise for the amount of resources offered through the CCR&R, however concern that the organization received too much federal funding. It was noted that they did not provide enough services in communities throughout Washington, especially assistance for children with social and emotional / behavioral issues. There was some concern that the services at the CCR&R were “one-size fits all” and that more diversity in service approach was needed.
- **Mental Health Consultation:** There was concern that the mental health consultation grant did not address the full range of social and emotional problems that some Washington children faced – especially for children who have faced trauma in their lives. It was discussed that

instead of a “special contract” a fully developed mental health consultation system was needed to address the many behavioral issues that are brought into the child care setting.

- **Quality Activities:** Under this broad category, it was noted that more federal funding needed to get directly to child care centers. It was felt by some in the group that too much money was spent on contracts and administrative overhead.
- **STARS Registry:** There was agreement that the State Training and Registry System (STARS) was not working well throughout Washington. The issue was identified more in terms of the quality of training provided to child care providers. There was concern noted that in some cases providers are “jumping through hoops” and repeating classes they have already taken.
- **Career and Wage:** The three participants in the Moses Lake hearing all spoke about the need to institutionalize the Career and Wage Ladder.
- **Apprenticeship Program:** One participant noted that the Apprenticeship Program should be added into the CCDF plan.
- **Nurse Consultant:** There was universal praise for the Nurse Consultant program. It was noted that there was excellent follow-up services, as well as good over the phone and site-specific visits.
- **Criminal Background Checks:** The draft version of the CCDF plan that the group held still had improvements to the criminal background check process included. Due to the state budget cuts, some of these improvement activities have since been removed. In the public hearing, however, the group praised DEL’s inclusion of criminal background check improvements. It was noted that oftentimes potential providers were waiting much too long to be cleared by DEL.

At the Kent public hearing, 10 individuals came to present testimony. Again, there was a very lively and positive discussion about the draft CCDF plan. The public comments from this meeting are summarized below:

- **Quality Rating and Improvement System:** There were comments that DEL should make a quality rating system a top priority, and that such a system would benefit both providers and parents who are seeking quality child care.
- **Subsidies:** There were many comments about subsidies. Some noted that the subsidy call center was not working well. This comment was also presented at the Moses Lake hearing. It was noted that there were long waits (phone holds) before actually talking to a person at the call center. It was also noted that providers had to track subsidies which was very time

consuming for them. There was a concern that the call centers should ask the providers more about the families, and that the providers understand much of the misuse around subsidies.

The Kent group noted that the subsidy rate is too low. They were also concerned about how when parents find better paying jobs, they oftentimes do not qualify for subsidized child care, or the co-pay is increased. There was a discussion that the Working Connections Child Care (WCCC) program is “education-focused,” while the Early Childhood Education and Assistance Program (ECEAP) and Head Start are more “child-focused.” Everyone needs to come together to devise a new subsidy system.

- **Family, Friends and Neighbor Care (FFN):** It was noted that a significant number of children are in FFN care, and that this number is increasing. It was noted that improvement efforts should be considered by DEL.
- **Children being served:** There was some concern that certain regions of the state, most notably King County, are facing shortages in child care services. It was noted that after-school and infant care settings are in limited supply. The Homeless Child Care subsidy program was praised as a much-needed program, especially for victims of domestic violence. DEL was encouraged to put more resources into child care recruitment in areas facing child care provider shortages.
- **Licensed Child Care Information System (LCCIS):** There was general agreement that the DEL information technology system that supports LCCIS should be improved to allow for an interface with the CCR&R database. Improvements to the current LCCIS are part of the overall draft CCDF Plan.
- **Provider Training:** At the Kent hearing the topic of provider training was also brought up as a concern. It was noted that potential providers should be trained prior to working with children – not within their first six months of employment. It was also noted that coaching is an excellent way to receive training, and that mechanisms such as a quality rating and improvement system or the CCR&R can offer such coaching. It was again noted that training on behavioral issues is critical and lacking from the current training curriculum. It was also noted that a system needs to be developed that includes an “educational baseline” for home and center providers.
- **Licensing Issues:** It was noted that DEL licensors need consistency on how Washington Administrative Code (WAC) is interpreted. Also, there was concern that some staff in child care settings do not have access to the Internet and do not know about DEL.
- **Emergency Planning:** There was a suggestion that a broad group of stakeholders be brought together to develop the required emergency preparedness (disaster) plan.

E-mail Comments

DEL received six letters by e-mail. Two of the email responses ask that we continue to support before and afterschool care providers and the supports that they receive through School's Out Washington.

One responder was very concerned about the low subsidy rates for child care undermining the provision of quality care.

The last three letters were longer and covered a variety of topics. The first letter encourages DEL to integrate the protective factor framework for child care, especially with services for children birth to 3, ECEAP, and professional development standards. It also mentioned that protective factors would strengthen the health and safety section of the plan. It suggested that we also mention the Strengthening Families project.

The second letter was also concerned with the subsidy rate and quality care. The writer also wanted the subsidy authorization period extended to 12 months, and the family, friends and neighbor caregivers information and supports included as a central service. Finally, the writer suggested that home visiting professional be included in the planning work of the Professional Development Consortium.

The third letter offered several comments regarding around adding language about partnerships and the early learning systems work being done in the state. The writer made some suggestions for language about the plan for early childhood program coordination and the professional development consortium. The writer also made recommendations about improving child care provider salaries and articulation agreements. The primary focus was the inclusion of activities that the organization does into the plan.